

EMPLOYER BULLETIN

Employer Communication Center (608) 264-7900

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Consider WPE Group Health Insurance Program Options for 2007

Local government employers participating in the Wisconsin Public Employers (WPE) Group Health Insurance Program available through the Department of Employee Trust Funds (ETF) are invited to consider electing from the following health program options available for plan year 2007:

- A Standard Plan that is a preferred provider plan (PPP) administered by WPS Health Insurance, as an alternative to the classic fee-for-service Standard Plan. The Standard PPP option, available at a lower premium rate, allows participants to see any provider of their choice, but with differences in reimbursement depending on whether participants go to an in-network or an out-of-network provider.
- A deductible option for both Uniform Benefits and the Standard Plan or the Standard PPP, offering premium rates that average 10% below traditional rates.
- 1. Deductible Uniform Benefit option: This option has an up-front deductible of \$500 individual / \$1000 family per calendar year for medical services. (Note: The deductible does not apply to pharmacy benefits.) Once the deductible has been met, the traditional benefits are administered as described for each plan.

<u>AND</u>

2. Deductible Standard Plan: This program continues to offer participants the choice to see any provider with up-front deductible and coinsurance amounts on all medical services. (The Classic Standard Plan has deductible and coinsurance amounts on major medical services only.)

OR

3. Deductible Standard PPP: This PPP program operates as the Standard PPP, but has a larger deductible to allow greater premium savings.

This bulletin is intended to provide some basic information and direct you to additional detailed information on selecting from the available options:

- 1. Traditional Health Maintenance Organizations (HMO) Option paired with the Classic Standard Plan
- 2. Traditional HMO Option paired with the Standard PPP
- 3. Deductible HMO Option paired with the Deductible Standard Plan
- 4. Deductible HMO Option paired with the Deductible Standard PPP

The following chart summarizes these non-Medicare benefit options available January 1, 2007:

Wisconsin Public Employees Non-Medicare benefits Options Effective 1-1-07

		Traditional HMO – Classic Standard Plan	Traditional HMO – Standard PPP	Deductible HMO – Deductible Standard Plan	Deductible HMO - Deductible Standard PPP
Standard Plan Option Benefit	(Unless otherwise noted, it is an overall	\$250 Individual / \$500 Family (Applies only to major medical)	\$500 Family	\$500 Individual / \$1000 Family	In-Network: \$500 Individual / \$1000 Family Out-of-Network: \$1000 Individual / \$2000 Family
	Coinsurance	80% / 20% (Applies only to major medical)	In-Network: 90% / 10% Out-of-Network: 70% / 30%	80% / 20%	In-Network: 80%/20% Out-of-Network: 70% / 30%
	maximum (Includes	\$1250 Individual / \$2500 Family (Applies only to major medical)		\$2000 Individual / \$4000 Family	In-Network: \$2000 Individual / \$4000 Family Out-of-Network: \$4000 Individual / \$8000 Family
	HMO-type benefit	Uniform Benefits	Uniform Benefits	\$500 Individual / \$1000 Family After deductible is met, Uniform Benefits apply	\$500 Individual / \$1000 Family After deductible is met, Uniform Benefits apply

What Must I Do Now?

- If you wish to remain in your current benefit plan, no action is necessary.
- If you wish to offer a different benefit plan to employees and annuitants, you must file a new resolution (ET-1152, attached to this bulletin) to select your new choice. The resolution must be received by ETF no later than October 1, 2006, for coverage effective January 1, 2007.

For more information on the WPE Group Health Insurance Program options, including benefits for those on Medicare, contact ETF's Employer Communication Center at (608) 264-7900. Information regarding the WPE Group Health Insurance Program and other benefit programs is also available on our Internet site at http://etf.wi.gov.

- The Department of Employee Trust Funds does not discriminate on the basis of disability
- in the provision of programs, services or employment. If you are speech, hearing or
- visually impaired and need assistance, call (608) 266-0728 or TTY (608) 267-0676. We
- will try to find another way to get the information to you in a usable form.

The ETF EMPLOYER BULLETIN is published by the Wisconsin Department of Employee Trust Funds. There are three editions: one for all employers, one for local employers with items just for their interest, and one for state agencies. Questions should be directed to contact persons listed, or to the Division of Trust Finance & Employer Services. Call John Vincent at (608) 261-7942.

EMPLOYER AGENTS: This Bulletin may by copied for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent Employer Bulletins are available on our internet site at http://etf.wi.gov.

EXISTING EMPLOYER OPTION SELECTION RESOLUTION WISCONSIN PUBLIC EMPLOYERS' GROUP HEALTH INSURANCE PROGRAM

RESOLVED, by the	of th	e				
, , <u>—</u>	(Governing Body) of th	(Employer Legal Name)				
Health Insurance progra Group Insurance Board	am to eligible personnel thro , and agrees to abide by the	(7) hereby determines to offer the Ground the program of the State of Wiscons terms of the program as set forth in the participating health insurance provide	isin Ə			
•	•	program will need to be enrolled in one split its group between the options.	of			
We choose to pa	articipate in the: (check only	one box)				
☐ Traditional H	MO Option paired with the O	Classic Standard Plan				
Traditional H	MO Option paired with the S	Standard PPP				
☐ Deductible H	☐ Deductible HMO Option paired with the Deductible Standard Plan					
Deductible H	☐ Deductible HMO Option paired with the Deductible Standard PPP					
The resolution must be received by the Department of Employee Trust Funds no later than October 1 for coverage to be effective the following January 1.						
deductions for premium		ected to take all actions and make salar uired by the State of Wisconsin Group irance.	у			
	CERTIFICA	TION				
		e, correct and complete copy of the reso body on the day of epealed or amended, and is now in full f				
Dated this	day of, y	ear				
	and hereby certify that, to the	ninal penalties for knowingly making fals e best of my knowledge and belief, the	se or			
		Employer Representative	Title			
Employer County		Mailing Address				
Number of eligible employee	s	69-036- ETF Employer Identification Number				